

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043390

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 5695 Registrar's No. 239

**FILED DEC 10 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Livingston</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cream Ridge</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Livingston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 Miles NW Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	d. STREET ADDRESS (If outside, give location) <u>1604 Webster</u>
Length of stay in 1b <u>2 Hours</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>George</u>	Middle <u>Wesley</u>	Last <u>Linton</u>	Month <u>December</u> Day <u>5</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/8/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain &amp; Stock</u>	11. BIRTHPLACE (City and state or country) <u>Livingston Col Mo. U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Wilson Linton</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Keener</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. George W. Linton, Chillicothe, Mo</u>	

12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Leone Linton</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> )		INTERVAL BETWEEN ONSET AND DEATH <u>immed</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		<u>immed</u>	
DUE TO (c) <u>arterial sclerotic Heart disease</u>		<u>several years</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>never</u>	
Death occurred at <u>2:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J.B. Webster Ds. Coroner</u>	22b. ADDRESS <u>901 Jackson Chillicothe Mo</u>
22c. DATE SIGNED <u>12-7-62</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/7/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri</u>
24. FUNERAL DIRECTOR <u>Norman Funeral Home; Chillicothe, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 7, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

6590  
1595

3  
4 0  
5 1  
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7 0  
8 2  
9 4200  
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11  
12 91-3  
13 1-0

DATE AMENDED

DEC 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Webber